61. *Diphtheritic Conjunctivitis, and the application of Caustic in acute Inflammation.* By DR. A. VON GRAEFE.—The occurrence of fibrinous exudations upon the conjunctiva has been long known. They differ from layers of coherent mucus in being more adherent, elastic, apt to coil up, and capable of splitting into fibres. Under the microscope they are seen to consist of coagulated fibrin; the latter are composed of a convolution of young cells.

The exudation first appears as a jelly-like coagulated substance. In the latter stages, it disappears before the increasing number of pus corpuscles. If in a case of acute conjunctivitis the upper lid be everted for a few minutes, the mucous membrane exposed to the air will be forthwith covered by such a layer. In very young infants, the blood is not sufficiently formed that it may yield a firm layer of fibrin; at least, such an occurrence is the exception.

The characteristics of this form of disease depend less on the exudation of fibrin than on the condition of the mucous membrane itself. In blennorrhagic inflammation, the conjunctiva is looser, succulent, and infiltrated by a fluid exudation. In diphtheritic inflammation it is stiff, and filled with a firm substance. The eyelid is therefore prominent and immovable, instead of being only swollen and soft. In blennorrhoea the conjunctiva is very vascular, and the circulation is so far free that the greater number of the vessels contain fluid noncoagulated blood. The diphtheritic conjunctiva is, in consequence of a high degree of stasis of the blood, but sparingly supplied with the circulating fluid. The blennorrhagic secretion consists of yellow-coloured homogeneous pus; that of diphtheritis is brownish gray and semi-transparent. In this latter disease there is a great sensation of heat experienced by the patient.

The symptoms occurs as follow: In an eye previously sound, there suddenly comes on swelling of the upper lid, attended by an increased flow of tears, and by a marked sense of heat. The integument of the lid loses its folds, and becomes smooth and glistening. There is also incipient chemosis; but the conjunctiva is not very red; the network of vessels forming large meshes; the membrane between them being of yellow colour, studded with red points. The upper lid is remarkably stiff; its eversion is attended with both pain and difficulty. The appearance of the conjunctiva palpebrarum would not strike the inexperienced observer; but the smooth yellow surface is not in truth the membrane; it is a thick layer of fibrin, which arrests the circulation in the part, and threatens destruction to the eye.

After a time the lids lose their stiffness; the conjunctiva becomes more spongy and looser; the fibrin separates; the vessels fill, and pour forth discharge; the chemosis loses its yellow colour, and the peculiarities of the diphtheritis are lost. The duration of the different stages varies extremely. The author has seen the stage of fibrinous exudation last from six to ten days; that of succulence and spongy alteration of the mucous membrane coming on afterwards. But this latter may be complicated by relapses of the exudative inflammation.

The dangers of diphtheritic inflammation are those which refer to the cornea. A part becomes turbid, and loses its epithelium; the colour changes to a muddy yellow; a sore or ulcer forms, which becomes deeper and deeper; while upon its surface, by the aid of a magnifying glass, numerous points are seen, which indicate molecular necrosis.

It is mostly an epidemic, may proceed from a variety of causes, and is decidedly contagious. The prognosis is worse in adults than in children. Of 40 young patients suffering from this disease, the eye was lost in nine cases. Three had leucoma, with adherent iris; 21 recovered without any affection of the cornea; 7 had slight corneal affections at later periods.

As regards treatment, the author recommends abstraction of blood, the application of ice, and the administration of mercury. He, however, attaches especial importance to the application of caustic. He affirms that this method of treatment is not only permissible, but is indicated in all forms, and from the commencement; that it controls the worst and most dangerous changes; that ulcerations of the cornea do not contra-indicate its use. For the acute forms he uses a solution of ten grains nitrate silver to the ounce of water, or a solid stick of nitrate of silver and nitrate of potash fused together. The caustic

must be applied to all the diseased surface, and must be proportioned to the severity of the attack.—*Med. Times and Gaz.*, 17th Feb., 1855, from *Archiv für Ophthalmologie*.

62. *Trephining the Os Unguis for Fistula Lachrymalis*.—M. DEMARQUAY, of Paris, has revived this operation, which he claims as *new*, and takes credit to himself for devising it. What is more remarkable, the English Journals give it as a novelty without comment, and thus sanction the claim.

The operation was performed by Mr. Pott, who used a trocar for the purpose, and by Mr. Hunter, who had constructed an instrument like a shoemaker's punch, by which a circular piece of bone could be cut out completely. The late Dr. Physick used to mention the operation in his lectures, and we are under the impression that he performed it in a few cases. Like most French discoveries in ophthalmic surgery, it is an old practice long since abandoned.

MIDWIFERY.

63. *Case of Presentation of the Bladder in Labour*. By ALEX. HARVEY, M. D. —Mrs. M——, æt. 28, was taken in labour of her first child on the evening of Tuesday, the 4th July last, some weeks before the expected time of her delivery. She sent for me the same evening, when I found her complaining of pains in the lower part of the abdomen, both behind and in front, and likewise round the hips. She had an opiate given her, which had the effect of relieving, indeed, of removing the pains, and procuring for her a comfortable night's rest.

The pains returned next morning. On examining her per vaginam, the os uteri was found slightly dilated. In the evening the pains had become more decided and regular, and the os uteri more fully dilated. No bag of waters could be discovered, and the patient was not aware of its having broken. The presentation was ascertained negatively. It was not the head, but its real nature remained doubtful.

At 3 A. M. of the following day, the os uteri was pretty fully dilated, and the pains were good. The presentation, however, was still uncertain. It seemed impossible to doubt that what had all the characters of feet could be aught else; but the limbs connected with them, besides being themselves extremely small and tiny, ended in what seemed certainly not a breech, and very exactly resembled the shoulder. No anus could be felt, nor organs of generation. The limbs were brought down, and proved to be the feet and lower extremities.

The pains continued vigorous, but the child descended very slowly till about 1 o'clock in the afternoon, after which the labour advanced steadily, although still very slowly, till about 3 o'clock, when the entire fœtus was expelled by one strong pain.

Altogether, the labour occupied above thirty-six hours.

For some time before the delivery of the woman, and after the full dilatation of the os uteri, the presentation was as follows: The front of the child was to the spine of the mother; the trochanters and head of the thigh bones, which were in connection with a bony surface of very limited extent, and (as before observed) very closely resembling the top of the shoulder, lay behind the pubis. Filling the hollow of the sacrum was the front of the abdomen, lying remarkably low down and pressing on the perineum, occupying besides, to a great extent, the cavity of the pelvis.

At the moment of delivery, and for some time previous to this, this abdominal mass, in the form and shape of a large round swelling, which was tense, elastic, and unyielding, filled up the whole outlet; the breech, or what appeared to be the breech, being pushed upwards behind the pubis. The mass in question passed through with extreme difficulty, and with corresponding anguish to the mother.